

<b>Case Number:</b>	CM15-0182318		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female who sustained an industrial injury on 12-16-2008. The injured worker was diagnosed with chronic pain syndrome secondary to degenerative arthritis in the left shoulder, degenerative lumbar disc disease and gastroesophageal reflux disorder (GERD). The injured worker is status post multiple left shoulder surgeries. According to the treating physician's progress report on August 25, 2015, the injured worker was evaluated for medication refills. The injured worker reported her pain varies depending on the weather and activities. Examination demonstrated limitation in left shoulder movements mainly with abduction and extension limited to 90 degrees. There was some muscle atrophy in the posterior scapular region. Peripheral pulses were intact and symmetrical bilaterally. Prior treatments included surgery and medications. Current medications were listed as Norco, Lorazepam and Carafate. Treatment plan consists of continuing medications and the current request for Norco 10mg-325mg #280. The Utilization Review modified the request for Norco 10mg-325mg #280 to Norco 10mg-325mg #60 on 08-31-2015 for the purpose of downward titration and discontinuance of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #280:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in December 2008 when she fell while cleaning a room landing on her left shoulder. She underwent a rotator cuff repair in April 2009. In April 2015 the claimant was taking Norco 3-4 times per day. Without activity she had a pain level of 4-5/10 and with medications this was decreased to 2-3/10 with the claimant stating that this was a tolerable level of pain. When seen in August 2015, pain levels were not assessed. She was having variable levels of pain depending on weather and activities. Physical examination findings included a body mass index of 26. There were limitations in left shoulder movement with posterior scapular muscle atrophy. Norco was refilled for 60 days at a total MED (morphine equivalent dose) of less than 50 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.